



# Substance Use and SUDs in LGBTQ\* Populations

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People who identify as lesbian, gay, bisexual, transgender, or questioning (LGBTQ) often face social stigma, discrimination, and other challenges not encountered by people who identify as heterosexual. They also face a greater risk of harassment and violence. As a result of these and other stressors, sexual minorities are at increased risk for various behavioral health issues.<sup>1</sup>

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Many federally funded surveys have only recently started to ask about sexual orientation and gender identification in their data collections.<sup>1</sup> Surveys thus far have found that sexual minorities have higher rates of substance misuse and substance use disorders (SUDs) than people who identify as heterosexual. Therefore, it is not yet possible to establish long-term trends about substance use and SUD prevalence in LGBTQ populations.

## Substance Use and Misuse

Data from the 2020 National Survey on Drug Use and Health (NSDUH)\*\* suggest that substance use patterns reported by sexual minority adults differ from those reported by heterosexual adults. (In this survey, sexual minority adults include individuals who describe themselves as lesbian, gay,

or bisexual.) In 2020, approximately 41.3% of sexual minority adults 18 and older reported past-year marijuana use,<sup>1</sup> compared to 18.7% of the overall adult population (2020 DT 1.3B).<sup>2</sup> Approximately 6.7% of sexual minority adults in 2020 misused opioids (prescription opioids or heroin use) in the past year,<sup>1</sup> compared to 3.6% of the overall adult population (2020 DT 1.19B).<sup>2</sup>

The NSDUH survey also found that, in 2020, approximately 21.8% of sexual minority adults had an alcohol use disorder in the past year,<sup>1</sup> compared to 11.0% in the overall population (2020 DT 5.4B).<sup>2</sup>

## Vaping and Tobacco Products

A recent review on the use of tobacco products by LGBT individuals show elevated rates of smoking and ever e-cigarette use compared to their heterosexual counterparts<sup>3</sup>. Among LGB adults, bisexual women report greater use of ever trying e-cigarettes compared to heterosexual women<sup>4</sup> and greater dual use of tobacco cigarettes and e-cigarettes compared to both lesbian and heterosexual women.<sup>5</sup> Bisexual men were more likely to report ever or current e-cigarette use, compared to heterosexual men.<sup>6</sup> Taken together, these findings suggest that targeted health messages may be needed.

## Substance Use Disorders and Comorbidities

LGBTQ individuals often enter treatment with more severe SUDs.<sup>7</sup> Some common SUD treatment modalities have been shown to be effective for gay or bisexual men, including motivational interviewing, social support therapy, contingency management, and cognitive-behavioral therapy (CBT).<sup>8</sup>

Addiction treatment programs offering specialized groups for gay and bisexual men showed better outcomes for those clients compared to gay and bisexual men in non-specialized programs; but in one study, only 7.4 percent of programs offered specialized services for LGBT patients.<sup>9,10</sup> Research is currently limited on rates of SUD among transgender populations, although research shows that transgender individuals are more likely to seek SUD treatment than the non-transgender population.<sup>11</sup> Current research suggests that treatment should address unique factors in these patients' lives that may include homophobia/transphobia, family problems, violence, and social isolation.<sup>12</sup>

Sexual minorities with SUDs are more likely to have additional (comorbid or co-occurring)



psychiatric disorders. For example, gay and bisexual men and lesbian and bisexual women report greater odds of frequent mental distress and depression than their heterosexual counterparts.<sup>13</sup> Transgender children and adolescents have higher levels of depression, suicidality, self-harm, and eating disorders than their non-transgender counterparts.<sup>14</sup> Thus, it is particularly important that LGBT people in SUD treatment be screened for other psychiatric problems (as well as vice versa), and all identifiable conditions should be treated concurrently.

LGBTQ people are also at increased risks for human immunodeficiency virus (HIV) due to both intravenous drug use and risky sexual behaviors. HIV infection is particularly prevalent among gay and bisexual men (men who have sex with men, or MSM) and transgender women who have sex with men.<sup>15</sup> SUD treatment can also help prevent HIV transmission among those at high risk. For example, addiction treatment is associated not only with reduced drug use but also with less risky sexual behavior among MSM, and those with HIV report improvements in viral load.<sup>16</sup>

\* Variations of this acronym are used throughout the web page to reflect relevant populations. Some studies have historically considered lesbian, gay, and bisexual youth, but have not included transgender and questioning youth.

\*\*The COVID-19 pandemic had an impact on data collection for the 2020 National Survey on Drug Use and Health (NSDUH). For more information, please see the [2020 NSDUH Frequently Asked Questions](#) from the Substance Abuse and Mental Health Services Administration.

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